

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90312 023 \*\*\*150.00

**DOCUMENT # 808111**

1. Entity Name

**MILLENNIUM PETROCHEMICALS INC.**

Principal Place of Business	Mailing Address
C/O MILLENNIUM CHEMICALS INC. 230 HALF MILE ROAD RED BANK, NJ 07701	C/O MILLENNIUM CHEMICALS INC. 230 HALF MILE ROAD RED BANK, NJ 07701

**00090823**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		13-1762676		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City	FL	Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANIK, PETER P			NAME			
STREET ADDRESS	11500 NORTHLAKE DRIVE			STREET ADDRESS			
CITY - ST - ZIP	CINCINNATI, OH 45249			CITY - ST - ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUDDY, DENNIS			NAME			
STREET ADDRESS	230 HALF MILE ROAD			STREET ADDRESS			
CITY - ST - ZIP	RED BANK, NJ 07701			CITY - ST - ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANDUYT, WILLIAM M			NAME			
STREET ADDRESS	230 HALF MILE ROAD			STREET ADDRESS			
CITY - ST - ZIP	RED BANK, NJ 07701			CITY - ST - ZIP			
TITLE	VPAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEMPSTEAD, GEORGE H III			NAME			
STREET ADDRESS	230 HALF MILE ROAD			STREET ADDRESS			
CITY - ST - ZIP	RED BANK, NJ 07701			CITY - ST - ZIP			
TITLE	VPT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WUBBOLDING, CHRISTINE			NAME			
STREET ADDRESS	230 HALF MILE ROAD			STREET ADDRESS			
CITY - ST - ZIP	RED BANK, NJ 07701			CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUSHEFSKI, JOHN E.			NAME			
STREET ADDRESS	230 HALF MILE ROAD			STREET ADDRESS			
CITY - ST - ZIP	RED BANK, NJ 07701			CITY - ST - ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Dennis W. Luddy*

DENNIS W. LUDDY ASST. SECRETARY

732-933-5012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #